



GUIDANCE ON THE USE OF SYSTEMIC THERAPY FOR PATIENTS WITH PSORIASIS/ATOPIC DERMATITIS DURING THE COVID-19 (SARS-COV-2, CORONAVIRUS) PANDEMIC (UPDATED GUIDANCE MARCH 2021)

You will certainly be asked for guidance concerning measures to be taken for patients taking or to be started on systemic therapy for psoriasis or atopic dermatitis in the context of the COVID-19 pandemic.

Given the lack of current guidelines on the use of systemic immunomodulatory (IM) or immunosuppressive (IS) therapies during the pandemic, and the current absence of scientific data concerning the consequences of effects of COVID-19 infection in patients receiving such therapy, we would hereby like to provide you with the following guidance.

In all cases for which we are providing the guidance below, when considering initiation of systemic therapy in patients, the benefits vs risks and comorbidities should be very carefully weighed up individually and therapy only initiated in cases where the benefits are considered to significantly outweigh the risks.

Systemic therapy of psoriasis

- Current knowledge suggests that methotrexate, fumaric acid esters, apremilast, TNF-antagonists apart from infliximab, IL-17-, IL- 23 and IL-12/23 antagonists administered as monotherapy at the approved dosage are not associated with a significantly increased risk of virus infections.
- Infliximab, and ciclosporin may be associated with a slightly increased risk of viral infection.

Systemic therapy of atopic dermatitis

- Current knowledge suggests that dupilumab (IL-4/13 antagonist) administered at the approved dosage in patients with moderate or severe atopic dermatitis is not associated with a significantly increased risk of virus infections.
- Ciclosporin, azathioprine and baricitinib may be associated with a slightly increased risk of viral infection.
- Corticosteroid (prednisolone) at doses ≥ 20 mg daily is associated with increased risk of viral infection.

SARS-CoV-2 vaccination statement

- All psoriasis and atopic dermatitis patients, irrespective of severity of disease or current treatment (including biologics) and who have neither a contraindication to vaccination, nor are allergic to vaccine constituents, should be recommended to receive one of the currently available SARS-CoV-2 vaccines.



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We therefore consider, in patients with psoriasis or atopic dermatitis:

1. Who are tested negative for COVID-19 and are devoid of signs of COVID-19, current evidence does not justify discontinuation of the above systemic therapies. Individual decisions in each patient should however be made taking into account the benefits vs risks of continued therapy, patient's age (higher risk in elderly) and comorbidities (including diabetes, chronic obstructive pulmonary disease, hypertension and cardiovascular disease, kidney disease, liver disease and malignancy with the exclusion of keratinocyte carcinomas).
2. Who are suspected of having COVID-19 infection (e.g. acute fever, cough, respiratory symptoms, loss of smell or taste), current IM/IS therapy should be deferred; furthermore, switching to another IM/IS therapy or initiation of new therapy should be deferred until a COVID-19 test result is available. If COVID-19 test is positive, please refer to the ILDS IM/IS guidance (<https://ilds.org/covid-19/immunomodulatory-immunosuppressive-drugs/>).

Resources and further information:

- World Health Organization:
 - General: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
 - Country & Technical Guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
 - EPI-WIN: WHO information network for epidemics: <https://www.who.int/teams/risk-communication>
- American Academy of Dermatology: <https://www.aad.org/member/practice/managing/coronavirus>
- British Association of Dermatologists: <http://www.bad.org.uk/healthcare-professionals/covid-19>
- European Dermatology Forum: <https://www.edf.one/home/Guidelines/Guidelines.html>
- International Psoriasis Council: <https://www.psoriasisCouncil.org/covid-19-psoriasis-resources.htm>
- International Eczema Council: <https://www.eczemacouncil.org/coronavirus-resource>
- PsoProtect – an international registry for health care providers to report outcomes of COVID-19 in individuals with psoriasis: <http://psoprotect.org>
- SECURE-AD – an international registry for health care providers and patients to report outcomes of COVID-19 in individuals with atopic dermatitis: <https://www.covidderm.org/>
- Covid-19 in Immune-Mediated Inflammatory Diseases - Case Series from New York. N Engl J Med 2020 Apr 29. doi: 10.1056/NEJMc2009567. <https://www.nejm.org/doi/full/10.1056/NEJMc2009567?query=NC>
- European Task Force on Atopic Dermatitis statement on severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) infection and atopic dermatitis - J Eur Acad Dermatol Venereol 2020 Jun;34(6):e241-e242. doi: 10.1111/jdv.16411.
- European Task Force on Atopic Dermatitis (ETFAD): position on vaccination of adult patients with atopic dermatitis against COVID-19 (SARS-CoV-2) being treated with systemic medication and biologics. J Eur Acad Dermatol Venereol 2021 Feb 15. doi: 10.1111/jdv.17167.

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